

## REMARKS

Preliminarily, applicant submits herewith a corrected copy of the formal drawing sheet filed with the AMENDMENT AND RESPONSE of May 14, 2003. The May 14, 2003 submission, which was in itself a correction of the original Sheet 1 of 2, contained an error in FIG. 4 (dotted line axis Y was inadvertently omitted). The drawing sheet submitted herewith contains that axis Y.

Also submitted herewith is a terminal disclaimer which disclaims any portion of the term of a patent which should issue beyond the term of Quinn U.S. Patent No. 6,461,321. With that terminal disclaimer, applicant submits that the application should be in condition for allowance, for the reasons hereinafter set forth.

The Examiner has rejected Claims 1-5 and 8-17 as anticipated by one or more of the *Cruz et al.*, *Anderson*, *Rusch* and *Quinn '322* references. Applicant respectfully submits that not one of these claims is anticipated by any one or more of the references relied upon. However, the claims have now been amended to even more clearly distinguish the invention from each of these references.

Claims 1-5, 8, 9, 16 and 17 have been amended. Claims 10-15 have been cancelled. New Claims 18-23 have been added. Following is a listing of claims now in the application:

1	
2	(1)
4	(2)
5	(1)
8	(2)
9	(8)
16	
17	(16)
18	(4 or 16)
19	(17)
20	
21	(20)
22	(20 or 21)
23	(22)

The essence of each and every one of the Examiner's 102(b) rejections lies in his statement, found in numbered paragraph 7 of page 4 of the action, that:

“ . . . (he) does not see the difference between the prior art and the claimed invention with regards to the axis of the nose section.”

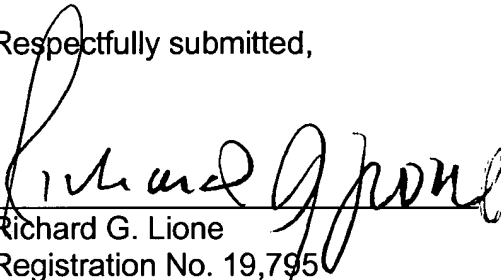
Applicant submits that (independent) Claims 1 and 16 (Claim 11 has now been cancelled), as previously presented, did precisely define over each of the references cited. However, the claims have now all been amended (or added) incorporating language which spells out even more clearly that definition.

The fact that applicant disclosed a catheter and bolus tip configuration is, in fact, radically different from that shown in any of the *Cruz et al.*, *Andersen*, *Rusch* and *Quinn* '322 patents is inescapable. The bolus tip includes a nose which is offset to one side of the catheter tube axis (at its distal end) on the same radial as the port behind it. To accomplish that, the nose section, on which the nose forms a tip, is inclined at an acute angle to the tube axis, as plainly seen in FIG. 4. In other words, the axis of the nose section (a straight line with respect to which a body is substantially symmetrical, sometimes called the axis of symmetry) is inclined to the tube axis. This brings a surface of the nose, adjacent its tip, into a position where it is substantially tangent to an imaginary cylinder extending forwardly from the external surface of the tube. It also requires that the cross-section of the nose section have a maximum thickness substantially smaller than that of the tube.

Independent Claims 1, 16 and 20 each define at least two of the aforescribed distinguishing features. Each of the references shows a catheter tube in which the axis of the nose section is coincident with that of the tube. In none of the references is the nose adjacent its tip tangent to a cylinder extended forwardly from the tube surface. As such, no claim can be read literally on any cited reference and, thus no claim can be anticipated.

The applicant submits that Claims 1-5, 8, 9 and 16-23 now define clearly over the prior art and should be in allowable form. However, if the Examiner continues to question language used in defining the distinguishing features of the invention, undersigned counsel invites a telephone call at (312) 321-4206 to discuss the claim language.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Richard G. Lione", written over a horizontal line.

Richard G. Lione  
Registration No. 19,795  
Attorney for Applicant(s)

BRINKS HOFER GILSON & LIONE  
P.O. BOX 10395  
CHICAGO, ILLINOIS 60610  
(312) 321-4200